

Global Choices

Package Codes A, B, C, D, and E

Benefit/Service	Groups Without Cost-Sharing*	Other Populations**
Medical Out-of-Pocket Maximum	\$225 per 12 months	\$225 per 12 months
Pharmacy Out-of-Pocket Maximum	\$225 per 12 months	\$225 per 12 months
Acute Inpatient Hospital Services	\$0 co-pay	\$50 co-pay per admission
Laboratory, Diagnostic and Radiology Services	\$0 co-pay	\$3 co-pay
Outpatient Hospital/ Ambulatory Surgical Centers	\$0 co-pay	\$3 co-pay
Physician Office Services***	\$0 co-pay	\$2 co-pay
Behavioral Health Services****	\$0 co-pay	\$0 co-pay
Allergy Services	\$0 co-pay	\$0 co-pay
Preventive Services	\$0 co-pay	\$0 co-pay
Emergency Ambulance	\$0 co-pay	\$0 co-pay
Dental Services Children under 21: Including but not limited to two cleanings per 12 months, one set of x-rays per 12 months, and extractions Adults 21 and over: One cleaning per 12 months, and set of x-rays per 12 months, and extractions	\$0 co-pay	\$2 co-pay

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Family Planning	\$0 co-pay	\$0 co-pay
Occupational Therapy Limited to 15 visits per 12 months	\$0 co-pay	\$2 co-pay
Physical Therapy Limited to 15 visits per 12 months	\$0 co-pay	\$2 co-pay
Speech Therapy Limited to 10 visits per 12 months	\$0 co-pay	\$1 co-pay
Hospice (non-institutional)	\$0 co-pay	\$0 co-pay
Non-Emergency Transportation	\$0 co-pay	\$0 co-pay
Chiropractic Services Children under the age of 21: Limited to seven visits per 12 months Adults age 21 and over: Limited to 15 visits per 12 months	\$0 co-pay	\$2 co-pay

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Prescription Drugs (For Members who do NOT have Medicare Part D) Limited to four prescriptions per month with a maximum of three brand	\$0 co-pay	\$1 co-pay generic \$2 co-pay preferred brand 5% coinsurance for non-preferred brand
Emergency Room	\$0 co-pay	5% coinsurance for non-emergent visits
Hearing Aids Limited to children under 21 only \$1,400 maximum per ear every 36 months	\$0 co-pay	\$0 co-pay
Audiometric Services Limited to children under 21 only One audiologist visit per 12 months	\$0 co-pay	\$0 co-pay
Vision Services \$200 maximum on eyewear per 12 months Limited to children under 21 only	\$0 co-pay	\$0 co-pay
Prosthetic Devices	\$0 co-pay	\$0 co-pay
Home Health Services	\$0 co-pay	\$0 co-pay
DME	\$0 co-pay	3% coinsurance not to exceed \$15 per month

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Early Periodic Screening and Diagnosis (EPSD)	\$0 co-pay	\$0 co-pay
Treatment (T) Services for Conditions Identified Through Early Periodic Screening and Diagnosis (EPSDT) Children under 21 only	\$0 co-pay	\$0 co-pay
Substance Abuse EPSDT only	\$0 co-pay	\$0 co-pay
Maternity Services Nurse mid-wife services, pregnancy-related services and services for other conditions that might complicate pregnancy and 60 days postpartum pregnancy related services	\$0 co-pay	\$0 co-pay
Podiatry Services	\$0 co-pay	\$2 co-pay
End Stage Renal Disease and Transplants	\$0 co-pay	\$0 co-pay

* **Groups Without Cost Sharing** include Individuals excluded in accordance with 42 CFR 447.53, children age 18 and under, individuals who are pregnant, and individuals receiving hospice services.

****Other Populations** includes SSI members, Caretaker Relatives, and individuals eligible through the BCCTP program.

*** **Physician Office Services** includes physicians, certified pediatric and family nurse practitioners, nurse midwives, FQHCs, rural health clinics (RHCs), primary care centers (PCCs) and physician assistants.

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******Behavioral Health Services** include mental health rehab/stabilization, behavioral support, psychological services and inpatient psychiatric services.